

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**GOOD SHEPHERD SERVICES**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

305 SEVENTH AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10001**F** Name and address of principal officer: **MICHELLE YANCHE****SAME AS C ABOVE****D** Employer identification number**13-5598710****E** Telephone number**212 243 7070****G** Gross receipts \$**113,858,535.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶ **0928****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GOODSHEPHERDS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1947****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: EXPANDS OPPORTUNITY FOR 30,500 NYC CHILDREN, YOUTH, AND FAMILIES THROUGH 90 PROGRAMS.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 24
	4	Number of independent voting members of the governing body (Part VI, line 1b) 24
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 1680
	6	Total number of volunteers (estimate if necessary) 71
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 61,812,701.
	9	Program service revenue (Part VIII, line 2g) 40,523,814.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,024,282.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,981.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 104,443,778.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 110,384,446.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 68,020,858.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 84,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,587,749.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 35,469,030.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 103,573,888.
19	Revenue less expenses. Subtract line 18 from line 12 869,890.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 154,839,651.
	21	Total liabilities (Part X, line 26) 26,228,595.
	22	Net assets or fund balances. Subtract line 21 from line 20 128,611,056.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date 5/15/23
	MICHELLE YANCHE, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MAGDALENA CZERNIAWSKI	Preparer's signature MAGDALENA CZERNIAWSKI
	Date 05/15/23	Check if self-employed <input type="checkbox"/> PTIN P00535099
Firm's name	Firm's name ▶ CBIZ MARKS PANETH LLC	Firm's EIN ▶ 87-3707167
	Firm's address ▶ 685 THIRD AVENUE NEW YORK, NY 10017	Phone no. 212-503-8800

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

GSS IS DEEPLY ROOTED IN NYC'S MOST UNDER-RESOURCED COMMUNITIES, AND WORKS TO EXPAND OPPORTUNITIES THROUGH A STRENGTH-BASED, TRAUMA-INFORMED, YOUTH AND FAMILY DEVELOPMENT APPROACH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 45,709,373. including grants of \$) (Revenue \$ 39,040,589.)

COMMUNITY-BASED PROGRAMS. PROVIDES QUALITY AFTER-SCHOOL AND IN-SCHOOL PROGRAMS, COMMUNITY SCHOOLS, AND COMMUNITY CENTERS; FAMILY COUNSELING PREVENTIVE SERVICES; AND SECOND-CHANCE HIGH SCHOOL PROGRAMS. FOR OVER 45 YEARS GSS HAS BEEN DEEPLY ROOTED IN SOME OF NYC'S MOST UNDER-RESOURCED COMMUNITIES, PROVIDING EDUCATIONAL, VOCATIONAL, SOCIAL/EMOTIONAL, AND FAMILY PROGRAMS. A HISTORY OF SUCCESS IS ROOTED IN AN APPROACH THAT INTEGRATES YOUTH AND FAMILY DEVELOPMENT AND TRAUMA-INFORMED PRINCIPLES IN CLOSE PARTNERSHIP WITH THE COMMUNITY. GSS SERVES OVER 28,400 PARTICIPANTS THROUGH 79 COMMUNITY-BASED PROGRAMS, INCLUDING AFTER-SCHOOL, FAMILY COUNSELING, HIGH SCHOOL PROGRAMS, BEACON AND PUBLIC HOUSING COMMUNITY CENTERS, AND DOMESTIC VIOLENCE PREVENTION.

4b (Code:) (Expenses \$ 44,339,415. including grants of \$) (Revenue \$)

OUT OF HOME CARE. PROVIDES SAFE, TEMPORARY CARE IN HOMES OF TRAINED FOSTER PARENTS FOR CHILDREN AND ADOLESCENTS WHO HAVE BEEN REMOVED FROM THEIR HOMES, AND GSS STAFF, KINSHIP PARENTS, AND BIRTH FAMILIES WORK AS A TEAM TO DEVISE A PERMANENCY PLAN FOR EACH CHILD; RESIDENTIAL SERVICES INCLUDING GROUP HOME FOSTER CARE AND COURT-INVOLVED YOUTH; AND SUPPORTIVE HOUSING FOR YOUNG ADULTS AGING OUT OF CARE. GSS IN ITS EARLY YEARS FOCUSED ON PROVIDING RESIDENTIAL CARE TO YOUNG PEOPLE WHO EXPERIENCED TRAUMA AND WERE NOT ABLE TO LIVE SAFELY AT HOME. THIS WORK CONTINUES TODAY, SERVING 1,661 PARTICIPANTS THROUGH GROUP HOMES FOR ADOLESCENTS; SUPPORTIVE TRANSITIONAL HOUSING PROGRAMS; NON-SECURE DETENTION AND PLACEMENT FACILITIES FOR COURT-INVOLVED YOUTH; AND FAMILY FOSTER CARE AND ADOPTION. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 564,054. including grants of \$) (Revenue \$)

TRAINING SERVICES - GSS PROVIDES TRAINING TO HUMAN SERVICES SOCIAL WORKERS AND SOCIAL SERVICE AGENCIES. GSS'S HUMAN SERVICES WORKSHOPS PROVIDES TRAINING FOR SOCIAL SERVICE PROVIDERS THROUGHOUT THE CITY. EACH YEAR OVER 1,000 INDIVIDUALS FROM OVER 100 AGENCIES PARTICIPATE IN DAY-LONG, LOW-COST WORKSHOPS LED BY EXPERIENCED TEACHERS. THE WORKSHOPS FOCUS ON THE STRESSES AND STRATEGIES OF CARING FOR CHILDREN AND FAMILIES IN CRISIS AND ARE DESIGNED TO LEAD TO GROWTH IN PERSONAL AND PROFESSIONAL SKILLS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **90,612,842.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	235
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1680
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	24			
b Enter the number of voting members included on line 1a, above, who are independent		24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
GREGHAN FISCHER, CHIEF ADM & FIN. OFFICER - 212 243-7070
305 SEVENTH AVENUE, NEW YORK, NY 10001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE YANCHE EXECUTIVE DIRECTOR	35.00			X				315,034.	0.	56,044.
(2) GREGHAN FISCHER CHIEF ADM. & FIN. OFFICER	35.00			X				243,909.	0.	61,031.
(3) DENISE HINDS ASSOCIATE EXECUTIVE DIR.	35.00				X			202,064.	0.	42,913.
(4) MITCHELL H RUBIN PROGRAM DIRECTOR (OUTGOING)	35.00				X			235,008.	0.	0.
(5) ALEXANDRA CHERIYAN CHIEF OF STAFF	35.00				X			169,977.	0.	37,080.
(6) JOY GERBER CHIEF HUMAN RESOURCES OFFICER	35.00				X			148,000.	0.	32,103.
(7) DIANE NORIEGA ASSIST EXECUTIVE DIRECTOR	35.00				X			165,711.	0.	12,850.
(8) ANTHONY MALLOY CHAIR	2.00	X		X				0.	0.	0.
(9) BENJAMIN HOFFSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(10) BROOKE BARRETT BOARD MEMBER	2.00	X						0.	0.	0.
(11) COLIN TEICHHOLTZ BOARD MEMBER	2.00	X						0.	0.	0.
(12) DAMIAN G. DIDDEN BOARD MEMBER	2.00	X						0.	0.	0.
(13) DANIEL MILLER BOARD MEMBER	2.00	X						0.	0.	0.
(14) DAVID A. BARR TREASURER	2.00	X		X				0.	0.	0.
(15) DEBRA VIZZI BOARD MEMBER	2.00	X						0.	0.	0.
(16) DENISE M KELLY BOARD MEMBER (OUTGOING)	2.00	X						0.	0.	0.
(17) DR. LILLIAM BARRIOS-PAOLI BOARD MEMBER	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GUY-MAX DELPHIN BOARD MEMBER	2.00	X						0.	0.	0.
(19) ISSAC MIZRAHI BOARD MEMBER (OUTGOING)	2.00	X						0.	0.	0.
(20) JAMES KEENAN BOARD MEMBER	2.00	X						0.	0.	0.
(21) JI-YEUN LEE BOARD MEMBER	2.00	X						0.	0.	0.
(22) JOHN K. ADAMS, JR. CHAIR (OUTGOING)	2.00	X		X				0.	0.	0.
(23) KEITH M. LITTLE BOARD MEMBER	2.00	X						0.	0.	0.
(24) LYDIE HUDSON BOARD MEMBER	2.00	X						0.	0.	0.
(25) MARCO VALLA BOARD MEMBER	2.00	X						0.	0.	0.
(26) MELISSA NAPLE BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,479,703.	0.	242,021.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,479,703.	0.	242,021.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MICROAGE 1330 WEST SOUTHERN, TEMPE, AZ 85282	IT SERVICES	856,330.
CLEARPOINT STAFFING LLC 17 WADAMS CT, WEST ORANGE, NJ 07052	TEMP HELP	388,520.
MISSOURI YOUTH SERVICES INSTITUTE 1906 HAYSELTON DR, JEFFERSON CITY, MO 65109	CONSULTING & COACHING SERVICES	261,000.
MST SERVICES LLC 6128 PARK AVE, WEST NEW YORK, NJ 07093	CONSULTING SERVICES	193,755.
SKDKNICKERBOCKER LLC, 1150 18TH ST NW STE 800, WASHINGTON, DC 20036	CONSULTING SERVICES	189,190.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Total to Part VII, Section A, line 1c

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	799,994.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,826,154.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,171,170.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a FEE FOR SERVICE			27,563,525.	27563525.		
	b MEDICAID			9,887,539.	9,887,539.		
	c FEES			983,304.	983,304.		
	d REIMBURSEMENTS/REFUNDS			506,424.	506,424.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				38,940,792.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,624,394.			1624394.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,215,923.				
	c Gain or (loss)	7c	2,063,611.				
	d Net gain or (loss)				2,063,611.		2063611.
	8 a Gross income from fundraising events (not including \$ 799,994. of contributions reported on line 1c). See Part IV, line 18	8a					
			116,700.				
b Less: direct expenses	8b	258,166.					
c Net income or (loss) from fundraising events				-141,466.		-141,466.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS			99,797.	99,797.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				99,797.		
12 Total revenue. See instructions				110384446.	39040589.	0.	3546539.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	682,353.	55,528.	441,732.	185,093.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,827,097.	45,826,849.	7,373,939.	626,309.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	950,850.	818,473.	128,993.	3,384.
9 Other employee benefits	5,703,772.	4,782,818.	845,649.	75,305.
10 Payroll taxes	5,451,415.	4,531,413.	838,666.	81,336.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,480.	38,480.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	90,715.			90,715.
f Investment management fees	57,296.		57,296.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,746,971.	5,293,007.	2,215,778.	238,186.
12 Advertising and promotion				
13 Office expenses	1,589,727.	1,315,325.	245,973.	28,429.
14 Information technology				
15 Royalties				
16 Occupancy	4,265,719.	3,788,984.	465,470.	11,265.
17 Travel	639,058.	560,164.	76,145.	2,749.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	36,681.	24,504.	7,092.	5,085.
20 Interest	316,386.	51,839.	260,669.	3,878.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,431,957.	2,555,843.	863,272.	12,842.
23 Insurance	1,630,338.	1,500,814.	127,625.	1,899.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	4,690,830.	4,149,293.	533,599.	7,938.
b FOSTER BOARD HOME PMT	4,558,599.	4,558,599.		
c MEDICAL SUPPLIES	2,965,008.	2,518,687.	446,321.	
d STIPENDS FOR PROGRAM PA	2,392,037.	2,226,176.	156,725.	9,136.
e All other expenses	7,832,508.	6,016,046.	1,612,262.	204,200.
25 Total functional expenses. Add lines 1 through 24e	108,897,797.	90,612,842.	16,697,206.	1,587,749.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	86,353.	1	90,575.
	2 Savings and temporary cash investments	15,924,786.	2	7,717,240.
	3 Pledges and grants receivable, net	13,800,289.	3	10,122,393.
	4 Accounts receivable, net	33,439,115.	4	40,520,951.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,495,031.	7	1,475,779.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	974,760.	9	1,382,290.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,697,431.		
	b Less: accumulated depreciation	10b 24,420,245.		
	11 Investments - publicly traded securities	19,941,072.	10c	19,277,186.
	12 Investments - other securities. See Part IV, line 11	68,580,291.	11	60,389,870.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	597,954.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	154,839,651.	15	1,334,026.	
17 Accounts payable and accrued expenses	12,139,191.	16	142,310,310.	
18 Grants payable		17	12,305,230.	
19 Deferred revenue	928,961.	18		
20 Tax-exempt bond liabilities		19	1,514,554.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	3,160,443.	22		
24 Unsecured notes and loans payable to unrelated third parties	10,000,000.	23	1,710,542.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	10,000,000.	
26 Total liabilities. Add lines 17 through 25	26,228,595.	25		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	25,530,326.	
28 Net assets without donor restrictions	83,825,331.	27	78,746,918.	
29 Net assets with donor restrictions	44,785,725.	28	38,033,066.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	128,611,056.	32	116,779,984.	
35 Total liabilities and net assets/fund balances	154,839,651.	33	142,310,310.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,384,446.
2	Total expenses (must equal Part IX, column (A), line 25)	2	108,897,797.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,486,649.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,611,056.
5	Net unrealized gains (losses) on investments	5	-13,317,721.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	116,779,984.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13629124.	33351918.	75064096.	61812701.	67797318.	251655157
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	80116480.	89823581.	37842659.	40523814.	38940792.	287247326
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	93745604.	123175499	112906755	102336515	106738110	538902483
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	213,948.	615,771.	117,024.	117,024.	592,645.	1656412.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	213,948.	615,771.	117,024.	117,024.	592,645.	1656412.
8 Public support. (Subtract line 7c from line 6.)						537246071

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	93745604.	123175499	112906755	102336515	106738110	538902483
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	722,556.	1132521.	1337374.	1332551.	1624394.	6149396.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	722,556.	1132521.	1337374.	1332551.	1624394.	6149396.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1627135.	305,048.	182,372.	110,555.	216,497.	2441607.
13 Total support. (Add lines 9, 10c, 11, and 12.)	96095295.	124613068	114426501	103779621	108579001	547493486
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	98.13 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	98.18 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1.12 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.99 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☒

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**FUNDRAISING INCOME**

2017 AMOUNT: \$ 869,657.

2018 AMOUNT: \$ 218,430.

2019 AMOUNT: \$ 107,200.

2020 AMOUNT: \$ 7,900.

2021 AMOUNT: \$ 116,700.

MISCELLANEOUS

2017 AMOUNT: \$ 757,478.

2018 AMOUNT: \$ 86,618.

2019 AMOUNT: \$ 75,172.

2020 AMOUNT: \$ 102,655.

2021 AMOUNT: \$ 99,797.

Schedule A**Payments from Disqualified Persons
Included on Part III, Line 7a****2021****** Do Not File ********* Not Open to Public Inspection *****

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
	0.	222,999.	0.	0.	0.
	0.	0.	0.	0.	23,000.
	0.	0.	0.	0.	31,078.
	0.	71,599.	0.	0.	53,238.
	0.	93,677.	0.	0.	27,500.
	15,000.	10,000.	0.	0.	22,500.
	0.	0.	0.	0.	15,000.
	0.	0.	0.	0.	5,500.
	0.	0.	0.	0.	100.
	0.	0.	14,762.	14,762.	0.
	0.	0.	0.	0.	30,000.
	0.	0.	0.	0.	4,500.
	0.	0.	0.	0.	500.
	0.	0.	80,000.	80,000.	15,000.
	0.	0.	0.	0.	25,000.
	0.	0.	0.	0.	625.
	0.	0.	0.	0.	10,263.
	0.	0.	9,762.	9,762.	126,050.
	0.	0.	0.	0.	64,941.
	0.	0.	0.	0.	1,500.
	0.	10,000.	12,500.	12,500.	0.
	0.	0.	0.	0.	300.
	0.	0.	0.	0.	65,000.
	0.	0.	0.	0.	26,050.
Total to Schedule A, Part III, Line 7a					

2021

*** Not Open to Public Inspection ***

Total to Schedule A,
Part III, Line 7a

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>10,050.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>12,150.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>10,150.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>30,078.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20		\$ 102,552.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
22		\$ 58,824.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24		\$ 6,365.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
26		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
27		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
28		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
29		\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
30		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
32		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
33		\$ 37,640.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
34		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
35		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
36		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
38		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
39		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
41		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
42		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>399,100.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>95,028.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u>3,772,856.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>50</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>51</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>52</u>		\$ <u>5,563.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>53</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>54</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
56		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
57		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
59		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>62</u>		\$ <u>11,048,023.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>63</u>		\$ <u>1,882,480.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>64</u>		\$ <u>12,266,486.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>65</u>		\$ <u>1,877,331.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>66</u>		\$ <u>406,606.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 200,191.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
68		\$ 54,054.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
69		\$ 463,858.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
70		\$ 236,486.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
71		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
72		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>		\$ <u>976,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>74</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>75</u>		\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>76</u>		\$ <u>1,850,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>77</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>78</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 99,980.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
81		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
82		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
83		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,606.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
86		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
87		\$ 17,890,965.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
88		\$ 1,133,424.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
89		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
90		\$ 333,333.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
92		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
93		\$ 116,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
94		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
95		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
96		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD SHEPHERD SERVICES**13-5598710****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>97</u>		\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>98</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>99</u>		\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>100</u>		\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>101</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>102</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>103</u>		\$ <u>27,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>104</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>105</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

13-5598710

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div><div></div><div></div><div></div><div></div></div>	\$ <div></div>	<div></div>

Name of organization	Employer identification number
GOOD SHEPHERD SERVICES	13-5598710

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection****Name of the organization**

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	92,689,787.	86,082,133.	71,783,376.	39,634,052.	36,190,903.
b Contributions	72,177.	136,575.	12,857,921.	28,815,224.	1,186,015.
c Net investment earnings, gains, and losses	-9,629,716.	14,416,997.	2,106,460.	3,375,277.	2,283,481.
d Grants or scholarships					
e Other expenditures for facilities and programs	-491,514.	7,891,303.	614,898.		
f Administrative expenses	57,296.	54,615.	50,726.	41,177.	26,347.
g End of year balance	83,466,466.	92,689,787.	86,082,133.	71,783,376.	39,634,052.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 76.7810 %
 b Permanent endowment ☒ 23.2190 %
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		565,172.		565,172.
b Buildings		14,510,575.	10,431,321.	4,079,254.
c Leasehold improvements		23,462,658.	11,478,423.	11,984,235.
d Equipment		2,389,514.	1,398,932.	990,582.
e Other		2,769,512.	1,111,569.	1,657,943.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,277,186.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	96,662,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-13,317,721.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-347,090.
e	Add lines 2a through 2d	2e	-13,664,811.
3	Subtract line 2e from line 1	3	110,327,150.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,296.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	57,296.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	110,384,446.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	108,493,411.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	108,493,411.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,296.
b	Other (Describe in Part XIII.)	4b	347,090.
c	Add lines 4a and 4b	4c	404,386.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	108,897,797.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

AS AN INSTITUTION PROVIDING SOCIAL SERVICES, GSS OPERATES IN A RELATIVELY HIGH RISK, EXTREMELY REGULATED AND LOW MARGIN ENVIRONMENT. IT IS DEPENDENT UPON OFTEN-CHANGEABLE LEVELS OF PUBLIC FUNDING AND CHARITABLE GIVING FOR ITS OPERATING REVENUES. GSS RELIES UPON ITS ENDOWMENT TO PROVIDE ANNUAL SUPPORT TO OPERATIONS THROUGH A SPENDING POLICY. IN ADDITION, GSS MAY NEED TO ACCESS ITS ENDOWMENT FOR SHORT-TERM BORROWING TO SUPPORT OPERATING OR CAPITAL FUNDING REQUIREMENTS.

GIVEN ITS OPERATING ENVIRONMENT AND NEED FOR WORKING AND INVESTMENT CAPITAL, GSS'S PRIMARY ENDOWMENT OBJECTIVES MUST BE PRESERVATION OF CAPITAL, GENERATION OF INVESTMENT INCOME, LONG TERM GROWTH AND A

Part XIII Supplemental Information (continued)

RELATIVELY HIGH DEGREE OF LIQUIDITY. THIS SHOULD BE REFLECTED IN ITS ASSET ALLOCATION AND SELECTION OF DIVIDEND AND INTEREST PAYING SECURITIES THAT HAVE RELATIVELY STABLE MARKET VALUES. THE PORTFOLIO SHOULD MAINTAIN SUFFICIENT LIQUIDITY TO MEET GSS OBLIGATIONS AS THEY COME DUE.

THE PURPOSE OF THIS INVESTMENT POLICY STATEMENT (IPS) AS SET FORTH BY THE GSS FINANCE COMMITTEE IS TO PROVIDE:

I. FINANCIAL STABILITY - A HEALTHY ENDOWMENT DISSIPATES INSECURITY AND EASES FINANCIAL PRESSURES

II. REGULAR INCOME - THROUGH SMART INVESTING THE ENDOWMENT WILL PROVIDE RELIABLE REVENUE TO FUND PROGRAMS OR OVERHEAD

III. EMERGENCY FUNDS - THE ENDOWMENT CAN SERVE AS A SAFEGUARD AGAINST MAJOR DISASTERS

IV. FUTURE OPPORTUNITIES - ENDOWMENTS CAN PROVIDE FUNDING FOR NEW VENTURES OR SUDDEN OPPORTUNITIES

V. GENERATIONAL EQUITY - ALLOWS THE AGENCY TO MEET THE NEEDS OF THE FUTURE GENERATIONS

VI. DONOR OPPORTUNITIES - ALLOWS MAJOR DONORS TO HAVE A LASTING IMPACT

VII. CONFIDENCE BUILDER - FUNDERS ARE ATTRACTED TO SUCCESSFUL ENDEAVORS AND A STRONG ENDOWMENT CAN BUILD DONOR CONFIDENCE.

PART X, LINE 2:

GOOD SHEPHERD BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES -347,090.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES 347,090.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOOD SHPHERD CLASSIC (event type)	(b) Event #2 SPRING PARTY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	165,786.	750,908.		916,694.
	2 Less: Contributions	98,586.	701,408.		799,994.
	3 Gross income (line 1 minus line 2)	67,200.	49,500.		116,700.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	49,516.	38,730.		88,246.
	7 Food and beverages		58,220.		58,220.
	8 Entertainment				
	9 Other direct expenses		111,700.		111,700.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				258,166.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-141,466.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INNOVATIVE PHILANTHROPY

(I) ADDRESS OF FUNDRAISER: 440 15TH STREET, NEW YORK, NY 10011

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE YANCHE EXECUTIVE DIRECTOR	(i)	314,891.	0.	143.	22,735.	33,309.	371,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGHAN FISCHER CHIEF ADM. & FIN. OFFICER	(i)	243,847.	0.	62.	15,163.	45,868.	304,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DENISE HINDS ASSOCIATE EXECUTIVE DIR.	(i)	201,653.	0.	411.	14,693.	28,220.	244,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MITCHELL H RUBIN PROGRAM DIRECTOR (OUTGOING)	(i)	235,008.	0.	0.	0.	0.	235,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALEXANDRA CHERIYAN CHIEF OF STAFF	(i)	169,823.	0.	154.	8,825.	28,255.	207,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOY GERBER CHIEF HUMAN RESOURCES OFFICER	(i)	147,907.	0.	93.	8,794.	23,309.	180,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANE NORIEGA ASSIST EXECUTIVE DIRECTOR	(i)	165,655.	0.	56.	563.	12,287.	178,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AGENCY PROVIDES A TRAUMA-INFORMED SUPPORTIVE ENVIRONMENT,
SURROUNDING EACH YOUNG PERSON WITH POSITIVE RELATIONSHIPS AND
COMPREHENSIVE SERVICES TO ADDRESS PHYSICAL, EMOTIONAL AND EDUCATIONAL
GROWTH.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE CORPORATION CONSISTS OF THE PROVINCIAL LEADER OF THE
SISTERS OF THE GOOD SHEPHERD, PERSONS WHO CONSTITUTES THE LEADERSHIP TEAM
OF THE SAID PROVINCIAL LEADER AND OTHER SISTERS WHO MAY BE APPOINTED AS
MEMBERS BY THE PROVINCIAL LEADER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS, AS DEFINED FOR PART VI, LINE 6 PURPOSES, MAY ELECT ONE OR MORE
MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY
MEMBERS, AS DEFINED FOR PART VI, LINE 6 PURPOSES: 1) CHANGE IN THE
PHILOSOPHY, OBJECTIVES AND PURPOSES OF THE CORPORATION FOR WHICH IT WAS AND
IS FORMED AND EXISTS; 2) AMENDMENTS AFFECTING THE RIGHTS OF THE MEMBERS AS
PROVIDED BY LAW OR AS SET FORTH IN THE CERTIFICATE OF INCORPORATION OR
BY-LAWS; 3) ADVICE AND CONSENT ON THE APPOINTMENT OF THE CORPORATION'S
EXECUTIVE DIRECTOR; 4) ELECTION OF THE MEMBERS TO THE BOARD OF DIRECTORS
AND TO REMOVE THE SAME WITH OR WITHOUT CAUSE; AND 5) MERGER, CONSOLIDATION,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

OR AFFILIATE TO THE AGENCY WITH ANOTHER CORPORATION, ORGANIZATION OR
PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND IS REVIEWED BY
THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, AND CONTROLLER. THE RETURN
WAS NOT PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST RESOLUTION IS REAFFIRMED BY THE BOARD AND
SENIOR MANAGEMENT EACH YEAR AT THE ANNUAL MEETING OF THE BOARD. ANY MEMBER
OF THE BOARD OF DIRECTORS OR SENIOR MANAGEMENT HAVING A POSSIBLE CONFLICT
OF INTEREST WITH RESPECT TO A MATTER SUBMITTED AT A BOARD MEETING FOR
ACTION THEREON, AFTER DISCLOSING SAME, IS NOT COUNTED IN DETERMINING THE
EXISTENCE OF A LEGAL QUORUM FOR SUCH MEETING, SHALL NOT VOTE ON SAID MATTER
AND SHALL NOT USE ANY INFLUENCE TO OBTAIN FAVORABLE BOARD ACTION THEREON,
EVEN IF OTHERWISE PERMITTED BY LAW, THE MINUTES OF THE MEETING TO REFLECT
THE DISCLOSURE MADE BY SUCH BOARD MEMBER, THE QUORUM SITUATION AND SUCH
MEMBER'S NON-VOTING. NO MEMBER OF THE BOARD OF DIRECTORS, SENIOR MANAGMENT,
ADVISORY BOARDS, PERSONNEL OR CONSULTANTS WORKING AT GOOD SHEPHERD SERVICES
BE GIVEN PREFERENTIAL TREATMENT IN APPLYING FOR OR RECEIVING THE
ORGANIZATION'S SERVICES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SETS SALARY AND BENEFITS SCALES ACCORDING TO
PREVAILING LABOR MARKET TRENDS FOR ALL EMPLOYEES WITH THE HELP OF THE
EXECUTIVE MANAGEMENT TEAM. TO ASSIST WITH THIS TASK, RELEVANT DATA SUCH AS
CHILD WELFARE LEAGUE OF AMERICA BIANNUAL SALARY SURVEY, ERNST & YOUNG METRO

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

NEW YORK NOT-FOR PROFIT COMPENSATION AND BENEFITS SURVEY, THE ROBIN HOOD FOUNDATION SALARIES AND BENEFITS SURVEY OF NONPROFIT SOCIAL SERVICE AGENCIES, THE PERSONNEL ASSOCIATION OF NON-PROFIT ORGANIZATION'S BIENNIAL SURVEY AND THE NEW YORK CHILD WELFARE AGENCY SALARY SURVEY ARE CONSULTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AFTER REQUESTED, THEY ARE COPIED AND SENT VIA E-MAIL OR THEY ARE MAILED.

FORM 990, PART XII, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GOOD SHEPHERD SERVICES

Employer identification number

13-5598710

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SISTERS OF GOOD SHEPHERD, PROVINCE OF NEW YORK - 13-6262058, 25-30 21ST AVE., ASTORIA, NY 11105	SPONSORING RELIGIOUS COMMUNITY	NEW YORK	501(C)(3)	LINE 1	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021

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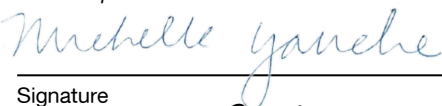

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2021 and Ending (mm/dd/yyyy) 06/30/2022		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: GOOD SHEPHERD SERVICES	Employer Identification Number (EIN): 13-5598710
	Mailing Address: 305 SEVENTH AVENUE	NY Registration Number: 05-01-53
	City / State / ZIP: NEW YORK, NY 10001	Telephone: 212 243 7070
	Website: WWW.GOODSHEPHERDS.ORG	Email: GREGHAN_FISHER@GOOD
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:		MICHELLE YANCHE	5/15/23
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		GREGHAN FISCHER	5/15/23
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- ☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- ☐ 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

GOOD SHEPHERD SERVICES

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☒ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- ☒ Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☒ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2021

**Open to Public
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:	NY Registration Number:
GOOD SHEPHERD SERVICES	05-01-53

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input checked="" type="checkbox"/> Professional Fund Raiser	INNOVATIVE PHILANTHROPY	05-01-53
<input type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	440 15TH STREET	212-867-1117
	City / State / ZIP:	
	NEW YORK, NY 10011	

3. Contract Information

Contract Start Date:	Contract End Date:
01/01/2021	12/31/2021

4. Description of Services

Services provided by FRP:

FUNDRAISING

5. Description of Compensation

Compensation arrangement with FRP: THE ORGANIZATION COMPENSATED INNOVATIVE PHILANTHROPY \$90,715.	Amount Paid to FRP: 90,715.
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6. Commercial Co-Venturer (CCV) Report

☐ Yes ☐ No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2021

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
GOOD SHEPHERD SERVICES	05-01-53

2. Government Grants

Name of Government Agency	Amount of Grant
1. MAYOR'S OFFICE OF CRIMINAL JUSTICE COORDINATOR	1. 3,772,856.
2. NEW YORK CITY DEPARTMENT OF EDUCATION	2. 11,048,023.
3. NEW YORK CITY DEPARTMENT OF PROBATION	3. 1,882,480.
4. NEW YORK CITY DEPARTMENT OF YOUTH & COMMUNITY DEV.	4. 12,266,486.
5. NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	5. 1,877,331.
6. NEW YORK STATE CRIME VICTIMS SERVICES	6. 200,191.
7. NEW YORK STATE FOR THE PREVENTION OF DOMESTIC VIOLENS	7. 54,054.
8. NEW YORK STATE OFFICE OF CHILDREN & FAMILY SERVICES	8. 463,858.
9. NEW YORK STATE OFFICE OF TEMP. DISABILITY ASSISTANCE	9. 236,486.
10. THE CITY OF NEW YORK ADMINISTRATION FOR CHILDREN'S SE	10. 17,890,965.
11. THE CITY OF NEW YORK DEPT. OF HEALTH AND MENTAL HYGIE	11. 1,133,424.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 50,826,154.

GOOD SHEPHERD SERVICES



**Financial Statements
(Together with Independent Auditors' Report)**

YEARS ENDED JUNE 30, 2022 AND 2021

GOOD SHEPHERD SERVICES
FINANCIAL STATEMENTS
(Together with Independent Auditors' Report)
YEARS ENDED JUNE 30, 2022 AND 2021

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Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Good Shepherd's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Good Shepherd's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Mayer Hoffman McCann CPAs

New York, NY
March 21, 2023

**GOOD SHEPHERD SERVICES
STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
Cash and cash equivalents (Notes 2E and 15)	\$ 1,155,922	\$ 4,226,627
Investments (Notes 2F, 6 and 12)	67,041,763	80,364,803
Client service receivables (Notes 2I, 2L and 4)	40,520,951	33,454,058
Pledges receivable, net (Notes 2C, 2L and 5)	10,122,393	13,800,289
Loan receivable (Note 2G)	1,475,779	1,495,031
Prepaid expenses and other assets	2,716,316	1,557,771
Property and equipment, net (Notes 2H and 7)	<u>19,277,186</u>	<u>19,941,072</u>
TOTAL ASSETS	<u>\$ 142,310,310</u>	<u>\$ 154,839,651</u>
LIABILITIES		
Accounts payable and accrued expenses (Notes 2M and 13)	\$ 6,791,309	\$ 6,905,198
Accrued salaries and payroll taxes	2,150,093	1,859,602
Accrued vacation	3,363,828	3,374,391
Deferred revenue and due to funder (Notes 2I and 14A)	1,514,554	928,961
Paycheck Protection Program loan payable (Note 9)	10,000,000	10,000,000
Long-term obligations, net (Notes 2K and 8)	<u>1,710,542</u>	<u>3,160,443</u>
TOTAL LIABILITIES	<u>25,530,326</u>	<u>26,228,595</u>
COMMITMENTS AND CONTINGENCIES (Note 14)		
NET ASSETS (Note 2B)		
Without donor restrictions:		
Board designated reserves for endowment (Notes 2B, 3 and 12)	61,180,274	67,044,702
Net investment in property and equipment	<u>17,566,644</u>	<u>16,780,629</u>
Total without donor restrictions	78,746,918	83,825,331
With donor restrictions (Notes 11 and 12)	<u>38,033,066</u>	<u>44,785,725</u>
TOTAL NET ASSETS	<u>116,779,984</u>	<u>128,611,056</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 142,310,310</u>	<u>\$ 154,839,651</u>

The accompanying notes are an integral part of these financial statements.

GOOD SHEPHERD SERVICES
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

	Year Ended June 30, 2022			Year Ended June 30, 2021		
	Without Donor Restrictions	With Donor Restrictions	Total 2022	Without Donor Restrictions	With Donor Restrictions	Total 2021
OPERATING SUPPORT AND REVENUE (Note 2N)						
Care and maintenance contracts (Note 2I)	\$ 27,563,525	\$ -	\$ 27,563,525	\$ 29,040,813	\$ -	\$ 29,040,813
Grants from government agencies (Note 2I)	51,598,166	-	51,598,166	43,239,905	-	43,239,905
Medicaid (Note 2I)	9,887,539	-	9,887,539	10,286,480	-	10,286,480
Private grants (Note 2C)	666,954	13,716,974	14,383,928	4,072,701	13,551,766	17,624,467
Special events (net of direct expenses of \$605,256 and \$56,089 in 2022 and 2021, respectively)	1,254,491	-	1,254,491	763,565	-	763,565
Interest and dividends (Notes 2F and 6)	1,174,962	449,432	1,624,394	839,890	492,661	1,332,551
Miscellaneous revenue and other fees (Note 14C)	1,589,525	-	1,589,525	1,299,176	-	1,299,176
Net assets released from restrictions (Note 11)	17,877,495	(17,877,495)	-	11,121,030	(11,121,030)	-
TOTAL OPERATING SUPPORT AND REVENUE	111,612,657	(3,711,089)	107,901,568	100,663,560	2,923,397	103,586,957
OPERATING EXPENSES (Note 2J)						
Program Services:						
Foster care and residential services	44,339,415	-	44,339,415	44,116,535	-	44,116,535
Community-based programs	45,709,373	-	45,709,373	39,714,973	-	39,714,973
Training services	564,054	-	564,054	761,732	-	761,732
Total Program Services	90,612,842	-	90,612,842	84,593,240	-	84,593,240
Supporting Services:						
Management and general	16,639,910	-	16,639,910	17,310,812	-	17,310,812
Fundraising	1,240,659	-	1,240,659	1,586,706	-	1,586,706
Total Supporting Services	17,880,569	-	17,880,569	18,897,518	-	18,897,518
TOTAL OPERATING EXPENSES	108,493,411	-	108,493,411	103,490,758	-	103,490,758
Change in Net Assets From Operations	3,119,246	(3,711,089)	(591,843)	(2,827,198)	2,923,397	96,199
NONOPERATING ACTIVITIES (Note 2N)						
Endowment contributions (Notes 2C and 12)	-	72,177	72,177	-	136,575	136,575
Realized/unrealized (loss) gain on investments, net (Notes 2F and 6)	(8,197,659)	(3,113,747)	(11,311,406)	8,192,344	4,837,487	13,029,831
TOTAL NONOPERATING ACTIVITIES	(8,197,659)	(3,041,570)	(11,239,229)	8,192,344	4,974,062	13,166,406
CHANGES IN NET ASSETS						
Net assets - beginning of year	(5,078,413)	(6,752,659)	(11,831,072)	5,365,146	7,897,459	13,262,605
NET ASSETS - beginning of year	83,825,331	44,785,725	128,611,056	78,460,185	36,888,266	115,348,451
NET ASSETS - END OF YEAR	\$ 78,746,918	\$ 38,033,066	\$ 116,779,984	\$ 83,825,331	\$ 44,785,725	\$ 128,611,056

The accompanying notes are an integral part of these financial statements.

GOOD SHEPHERD SERVICES
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022
(WITH COMPARATIVE TOTALS FOR 2021)

	For the Year Ended June 30, 2022										Total 2021
	Program Services					Supporting Services					
	Foster Care and Residential Services	Community Based Programs	Training Services	Total Program Services	Management and General	Fundraising	Total Supporting Services				
Salaries	\$ 21,183,503	\$ 24,345,762	\$ 346,522	\$ 45,875,787	\$ 7,752,416	\$ 789,434	\$ 8,541,850	\$ 54,417,637	\$ 54,217,166		
Payroll taxes and employee benefits (Note 13)	4,740,433	5,298,321	100,540	10,139,294	1,876,563	181,993	2,058,556	12,197,850	13,803,692		
Total Salaries and Related Costs	25,923,936	29,644,083	447,062	56,015,081	9,628,979	971,427	10,600,406	66,615,487	68,020,858		
Foster boarding home payments	4,558,599	-	-	4,558,599	-	-	-	4,558,599	5,006,285		
Children:											
Allowance	15,474	1,251	-	16,725	-	-	-	16,725	25,914		
Activities and program supplies	149,824	1,128,581	1,706	1,280,111	1,918	29	1,947	1,282,058	493,460		
Tuition	24,169	119,681	-	143,850	-	-	-	143,850	31,523		
Bedding, linens and uniforms	4,023	5,265	-	9,288	-	-	-	9,288	13,973		
Clothing	101,623	449,898	-	551,521	1,074	1,534	2,608	554,129	406,946		
Purchase of health services	338,584	-	-	338,584	-	-	-	338,584	864,548		
Food	1,054,805	968,087	5	2,022,897	29,393	14,709	44,102	2,066,999	1,270,078		
Supplies	612,290	1,898,734	55	2,511,079	446,321	85,308	531,629	3,042,708	2,224,650		
Medical supplies and equipment	7,588	20	-	7,608	-	-	-	7,608	103,253		
Rent (Notes 2M and 14B)	1,784,224	1,109,935	-	2,894,159	264,678	2,717	267,395	3,161,554	2,714,415		
Utilities	415,715	276,372	-	692,087	53,849	754	54,603	746,690	736,137		
Transportation	373,211	186,953	-	560,164	76,145	2,749	78,894	639,058	285,454		
Telephone	566,712	557,166	1,705	1,125,583	201,632	7,362	208,994	1,334,577	1,116,067		
Postage	4,835	2,499	9	7,343	4,402	1,514	5,916	13,259	10,597		
Dues, license and permits	229,741	188,408	996	419,145	613,314	138,267	751,581	1,170,726	488,054		
Legal, auditing and advisory fees	496,306	802,216	-	1,298,522	637,298	328,901	966,199	2,264,721	1,520,921		
Insurance	289,025	1,210,595	1,194	1,500,814	127,625	1,899	129,524	1,630,338	1,627,569		
Purchased services	2,246,005	1,351,811	96,565	3,694,381	1,578,480	154,144	1,732,624	5,427,005	3,523,488		
Related school expenses	64,461	-	-	64,461	3,723	55	3,778	68,239	22,442		
Stipend	398,179	1,827,997	-	2,226,176	156,725	9,136	165,861	2,392,037	1,665,512		
Repairs and maintenance	2,447,402	1,694,316	7,575	4,149,293	533,599	7,938	541,537	4,690,830	4,719,795		
Office printing supplies	51,832	130,567	-	182,399	39,939	38,267	78,206	260,605	360,734		
Subscription/publication	4,606	17,428	1,478	23,512	127,984	6,697	134,681	158,193	170,697		
Staff training/tuition	20,295	98,380	2,232	120,907	25,390	378	25,768	146,675	197,585		
Conference expense	6,570	17,934	-	24,504	7,092	5,085	12,177	36,681	19,163		
Public/recruitment	104,741	176,195	-	280,936	24,738	909	25,647	306,583	161,455		
Miscellaneous expenses	511,731	770,228	3,472	1,285,431	931,671	49,416	981,087	2,266,518	2,170,044		
Other than Personnel Costs	16,882,570	14,990,517	116,992	31,990,079	5,886,990	857,768	6,744,758	38,734,837	31,950,759		
TOTAL EXPENSES BEFORE INTEREST, FEES AND DEPRECIATION AND AMORTIZATION	42,806,506	44,634,600	564,054	88,005,160	15,515,969	1,829,195	17,345,164	105,350,324	99,971,617		
Interest expense and fees (Notes 2K, 8 and 10)	32,670	19,169	-	51,839	260,669	3,878	264,547	316,386	215,335		
Depreciation and amortization expense (Note 7)	1,500,239	1,055,604	-	2,555,843	863,272	12,842	876,114	3,431,957	3,359,895		
	1,532,909	1,074,773	-	2,607,682	1,123,941	16,720	1,140,661	3,748,343	3,575,230		
Less: Cost of direct benefit to donors	-	-	-	-	-	605,256	605,256	605,256	56,089		
TOTAL EXPENSES	\$ 44,339,415	\$ 45,709,373	\$ 564,054	\$ 90,612,842	\$ 16,639,910	\$ 1,240,659	\$ 17,880,569	\$ 108,493,411	\$ 103,490,758		

The accompanying notes are an integral part of these financial statements.

GOOD SHEPHERD SERVICES
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2021

	Program Services			Supporting Services			Total
	Foster Care and Residential Services	Community Based Programs	Training Services	Total Program Services	Management and General	Fundraising	Supporting Services
							2021
Salaries	\$ 20,537,671	\$ 22,524,136	\$ 364,248	\$ 43,426,055	\$ 9,862,160	\$ 928,951	\$ 54,217,166
Payroll taxes and employee benefits (Note 13)	5,274,040	5,905,749	145,466	11,325,255	2,244,437	234,000	13,803,692
Total Salaries and Related Costs	25,811,711	28,429,885	509,714	54,751,310	12,106,597	1,162,951	68,020,858
Foster boarding home payments	5,006,285	-	-	5,006,285	-	-	5,006,285
Children:							
Allowance	25,914	-	-	25,914	-	-	25,914
Activities and program supplies	75,436	416,558	-	491,994	1,446	20	493,460
Tuition	26,190	5,333	-	31,523	-	-	31,523
Bedding, linens and uniforms	5,569	8,404	-	13,973	-	-	13,973
Clothing	162,295	243,348	-	405,643	1,285	18	406,946
Purchase of health services	864,548	-	-	864,548	-	-	864,548
Food	983,315	268,562	18	1,251,895	17,926	257	1,270,078
Supplies	541,446	1,501,192	140	2,042,778	177,906	3,966	2,224,650
Medical supplies and equipment	103,222	31	-	103,253	-	-	103,253
Rent (Notes 2M and 14B)	1,538,802	977,581	5,650	2,522,033	189,780	2,602	2,714,415
Utilities	422,207	279,070	-	701,277	34,388	472	736,137
Transportation	164,987	61,775	-	226,762	57,898	794	285,454
Telephone	509,965	464,005	2,168	976,138	135,415	4,514	1,116,067
Postage	2,551	3,795	-	6,346	-	4,251	10,597
Dues, license and permits	114,432	47,149	2,168	163,749	271,843	52,462	488,054
Legal, auditing and advisory fees	315,324	367,058	359	682,741	707,071	131,109	1,520,921
Insurance	231,410	1,210,834	929	1,443,173	166,495	17,901	1,627,569
Purchased services	1,550,515	255,144	229,005	2,034,664	1,268,767	220,057	3,523,488
Related school expenses	22,207	235	-	22,442	-	-	22,442
Stipend	481,028	1,076,554	-	1,557,582	100,755	7,175	1,665,512
Repairs and maintenance	2,590,398	1,611,145	7,973	4,209,516	510,083	196	4,719,795
Office printing supplies	211,442	128,847	-	340,289	12,485	7,960	360,734
Subscription/publication	4,775	15,054	200	20,029	150,532	136	170,697
Staff training/tuition	9,901	85,194	-	95,095	101,104	1,386	197,585
Conference expense	1,233	11,883	-	13,116	5,932	115	19,163
Public/recruitment	87,205	65,165	612	152,982	6,375	2,098	161,455
Miscellaneous expenses	690,968	992,622	2,796	1,686,386	476,912	6,746	2,170,044
Other than Personnel Costs	16,743,570	10,096,538	252,018	27,092,126	4,394,398	464,235	31,950,759
TOTAL EXPENSES BEFORE INTEREST, FEES AND DEPRECIATION AND AMORTIZATION	42,555,281	38,526,423	761,732	81,843,436	16,500,995	1,627,186	99,971,617
Interest expense and fees (Notes 2K, 8 and 10)	40,695	19,516	-	60,211	148,582	6,542	215,335
Depreciation and amortization expense (Note 7)	1,520,559	1,169,034	-	2,689,593	661,235	9,067	3,359,895
	1,561,254	1,188,550	-	2,749,804	809,817	15,609	3,575,230
Less: Cost of direct benefit to donors	-	-	-	-	-	56,089	56,089
TOTAL EXPENSES	\$ 44,116,535	\$ 39,714,973	\$ 761,732	\$ 84,593,240	\$ 17,310,812	\$ 1,586,706	\$ 103,490,758

The accompanying notes are an integral part of these financial statements.

GOOD SHEPHERD SERVICES
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ (11,831,072)	\$ 13,262,605
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Depreciation and amortization expense	3,431,957	3,359,895
Endowment contributions	(72,177)	(136,575)
Amortization of deferred financing costs	32,441	32,440
Decrease in unamortized discount of pledges receivable	(336,123)	(360,259)
Unrealized loss (gain) on investments	13,317,721	(12,392,715)
Realized gain on investments	(2,063,611)	(691,731)
Change in allowance for uncollectible pledges	-	254,484
Sub-total	2,479,136	3,328,144
Changes in operating assets and liabilities:		
(Increase) Decrease in assets:		
Client service receivables	(7,066,893)	(6,799,466)
Pledges receivable	4,014,019	1,340,158
Loan receivable	19,252	279,140
Prepaid expenses and other assets	(1,158,545)	(43,246)
Increase (Decrease) in liabilities:		
Accounts payable and accrued expenses	(113,889)	1,311,445
Deferred revenue and due to funder	585,593	(474,673)
Accrued salaries and payroll taxes	290,491	(620,606)
Accrued vacation	(10,563)	360,621
Net Cash Used in Operating Activities	<u>(961,399)</u>	<u>(1,318,483)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of property and equipment	(2,768,071)	(5,168,903)
Purchases of investments	(3,210,604)	(9,011,119)
Proceeds from sales of investments	5,279,534	1,451,573
Net Cash Used in Investing Activities	<u>(699,141)</u>	<u>(12,728,449)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Endowment contributions	72,177	136,575
Proceeds from Paycheck Protection Program loan payable	-	10,000,000
Repayments of long-term obligations	(1,482,342)	(546,463)
Net Cash (Used in) Provided by Financing Activities	<u>(1,410,165)</u>	<u>9,590,112</u>
DECREASE IN CASH AND CASH EQUIVALENTS	(3,070,705)	(4,456,820)
Cash and cash equivalents - beginning of the year	4,226,627	8,683,447
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 1,155,922</u>	<u>\$ 4,226,627</u>
Supplemental Disclosures of Cash Flow Information:		
Cash paid during the year for interest	<u>\$ 152,556</u>	<u>\$ 106,348</u>

The accompanying notes are an integral part of these financial statements.

GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

Good Shepherd Services ("Good Shepherd") is organized under the Not-For-Profit Corporation Law of the State of New York. Good Shepherd was granted exemption from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code ("IRC").

Good Shepherd is a leading youth and family development agency with over 90 programs serving 33,860 children, youth and family members in New York City's most under-resourced communities. All of Good Shepherd's programs are united by a common goal: to create opportunities that help participants realize their fullest potential at home, at school and in their community. Good Shepherd operates a 46-bed residential treatment and diagnostic center; ten Administration for Children Services-funded family counseling preventive programs; six justice initiatives aimed at helping court-involved youth reintegrate into their communities deterring re-entry into detention; three anti-gun violence programs; a non-secure detention facility; a non-secure placement facility; family foster care; a youth reception center; over 25 afterschool programs; and supportive housing for young people who have aged out of care, including the Chelsea Foyer and McLaughlin East Harlem Residence. In addition, Good Shepherd is one of the largest providers of academic support programming in New York City.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. ***Basis of Accounting*** – Good Shepherd's financial statements have been prepared on the accrual basis of accounting. Good Shepherd adheres to accounting principles generally accepted in the United States of America ("U.S. GAAP").
- B. ***Net Assets*** – Good Shepherd's net assets and revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of Good Shepherd and changes therein are classified and reported as follows.
- Net assets without donor restrictions – represents resources available for support of Good Shepherd's operations over which the Board of Directors (the "Board") has discretionary control. The Board requires by resolution that any net assets without donor restrictions in excess of net investment in property and equipment be reserved for endowment purposes.
 - Net assets with donor restrictions – consist of contributions and other inflows of assets whose use by Good Shepherd is limited by donor-imposed stipulations that either expire by the passage of time or can be fulfilled and removed by actions of Good Shepherd pursuant to those stipulations. When a restriction expires (that is, when a stipulated time restriction ends, or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Good Shepherd reports restricted contributions whose stipulations were met in the same year as net assets without donor restrictions. In addition, net assets with donor restrictions include unappropriated earnings on donor-restricted endowment funds. These also include resources subject to donor-imposed stipulations that they be maintained intact in perpetuity by Good Shepherd. The donors of these assets permit the use of all the income earned on related investments, and the net capital appreciation thereon, for general purposes. Good Shepherd's endowment was initiated in 1991 by a \$750,000 challenge grant, known as the Dewitt Wallace – Reader's Digest Endowment Fund. The remaining balance includes donations made throughout the years by various funders.
- C. ***Unconditional Promises to Give*** – Pledges are recorded as income when Good Shepherd is formally notified of the unconditional grants or contributions by the respective donors. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value, while those that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Unless material, Good Shepherd does not discount multi-year pledges. Amortization of the discounts is included in contribution revenue.
- D. ***Contributed Services, Rent and Other In-Kind*** – Good Shepherd receives noncash contributions consisting primarily of goods and services. There were no noncash contributions for the years ended June 30, 2022 and 2021.

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. **Cash and Cash Equivalents** – Good Shepherd considers all highly liquid debt instruments purchased with a maturity of three months or less when acquired, to be cash equivalents, except for cash and money market funds held in Good Shepherd's investment portfolio.

F. **Investments and Fair Value Measurements** – Investments are recorded at fair value. Purchases and sales of securities are recorded on a trade-date basis. Donated securities are recorded at their fair value on the date received using an average of the high and low price on the date received. Interest income is recorded on an accrual basis and dividend income is recorded based on the ex-dividend date. Investment income is recorded as revenue without donor restriction class, unless restricted by the donor.

Given its operating environment and need for working and investment capital, Good Shepherd's primary endowment objectives must be preservation of capital, generation of investment income, long term growth and a relatively high degree of liquidity. This should be reflected in its asset allocation and selection of dividend and interest paying securities that have relatively stable market values. The portfolio should maintain sufficient liquidity to meet Good Shepherd's obligations as they come due.

The purpose of this Investment Policy Statement (IPS) as set forth by the Good Shepherd Finance Committee is to provide:

- I. Financial stability – A healthy endowment dissipates insecurity and eases financial pressures
- II. Regular income – Through smart investing the endowment will provide reliable revenue to fund programs or overhead
- III. Emergency funds – The endowment can serve as a safeguard against major disasters
- IV. Future opportunities – Endowments can provide funding for new ventures or sudden opportunities
- V. Generational equity – Allows Good Shepherd to meet the needs of the future generations
- VI. Donor opportunities – Allows major donors to have a lasting impact
- VII. Confidence builder – Funders are attracted to successful endeavors and a strong endowment can build donor confidence

Subject to the terms of any applicable gift instrument and to the restrictions set forth above under "Guidelines," the Good Shepherd Board has established a spending policy which will allow Good Shepherd to draw funds from an annual endowment reserve with Finance Committee approval. Such funds would be used to support the funding of Good Shepherds' operations.

Procedure: The process for determining the amount of funds that could be drawn from the endowment is the following:

- Measure the combined total market value of Endowment and Board Designated funds for the current fiscal year-end and the prior four years.
- Eliminate the highest and lowest valuation of the past five-years. Calculate the average of the year-end valuation for the remaining three fiscal year-ends.
- Calculate 5% of the three-year average determined above.
- Transfer that amount annually to a general account during the fiscal year. The funds will be accessed from the board designated investments. If the transfer is solely from the board designated account, it will have no impact on the Statement of Activities.
- Unused funds will be carried forward to the next fiscal year and accumulated to a maximum of three years. Any unspent funds after three years will go back to board designated endowment account.

Fair value measurements are based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy prioritizes observable and unobservable inputs used to measure fair value into three levels, as described in Note 6.

G. **Loan Receivable** – The loan receivable relates to amounts owed by Edwin Gould Residences. Good Shepherd and Edwin Gould Residences have common management. The by-laws of Edwin Gould Residences allow for appointing of their own board and as such there is no control by Good Shepherd and consolidation is not allowed. The loan dated April 14, 2016, accrues interest at a rate of 5% and the principal is due on the 15th anniversary of the date of the loan.

GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. **Property and Equipment** – Property and equipment are stated at cost less accumulated depreciation and amortization. These amounts do not purport to represent replacement or realizable values. Good Shepherd capitalizes property and equipment with a cost of \$2,500 or more (except when a specific funding source requires a lower capitalization limit) and a useful life of greater than one year. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets. Leasehold improvements are amortized on a straight-line basis over the lesser of their useful lives or the term of the lease.

I. **Revenue and Fee Income** – Service revenue is derived from contracts with customers. Good Shepherd receives revenue from contracts with various government agencies. Revenue is reported at the amount that reflects the consideration to which Good Shepherd expects to be entitled in exchange for providing the contracted services. Generally, Good Shepherd bills government agencies, third-party payors and individuals after the services are performed or their portion of the contract have been completed. Receivables are due in full when billed and revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by Good Shepherd in accordance with the contract. Revenue for performance obligations satisfied over time is recognized as the services are provided. This method depicts the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Good Shepherd measures the performance obligation from the beginning of the next month or the day to the point when it is no longer required to provide services under the contract or it has met the requirements to bill for the services provided, which is generally at the end of each month or period of time allowed based on the government agencies' stipulations. All performance obligations relate to contracts with a duration of less than one year, therefore, there are no performance obligations that are unsatisfied as of June 30, 2022 or 2021. The performance obligations for these contracts are completed when the service is completed and upon submission of required documentation. Good Shepherd determines the transaction price based on established rates and contracts for services provided.

Grant and contributions are nonexchange transactions and accounted for under Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") 2018-08, "Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made" (Topic 958). Government grants and support are recognized as revenue when barriers within the contract are overcome, and there is no right of return. Unreimbursed qualified expenditures for preventive programs are included in the statements of financial position as client service receivables due under governmental contracts.

As of June 30, 2022 and 2021, Good Shepherd received conditional grants and contracts accounted for under ASU 2018-08 from government agencies in the aggregate amounts of approximately \$117 million and \$127 million, respectively. Such grants have not been recognized in the accompanying financial statements as they are for future periods and will be recognized when contract barriers are overcome. Such barriers include expending these funds in accordance with their budgets and agreements. If such services are not provided, the governmental entities are not obligated to disburse the funds allotted under the grants and contracts and Good Shepherd may be required to return the funds already remitted.

The estimated liabilities for amounts potentially recoverable by grantors or contracting agencies are included in deferred revenue and due to funder as of June 30, 2022 and 2021, in the accompanying statements of financial position. Actual recoveries are applied against the estimated liabilities when known.

J. **Functional Allocation of Expenses** – The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Certain categories of expenses are attributable to both program and supporting services activities. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation and amortization and occupancy costs, which are allocated on a square-footage basis, as well as salaries and benefits, which are allocated based on estimates of time and effort.

K. **Deferred Financing Costs** – Deferred financing costs are presented as a reduction of the carrying amount of the debt and are amortized over the life of the related bond or loan using the straight-line method. For the years ended June 30, 2022 and 2021, amortization of financing costs amounted to \$32,441 and \$32,440, respectively, and is included in interest expense in the accompanying statements of functional expenses.

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- L. **Allowance for Uncollectible Receivables** – As of June 30, 2022 and 2021, Good Shepherd determined that an allowance for uncollectible pledges of \$524,089 and \$924,350, respectively, should be provided for pledges. Good Shepherd determined that no allowance was needed for client service receivables as of both June 30, 2022 and 2021. Such estimates are based on management's judgment of the creditworthiness of its donors and grantors, the aged basis of the receivables from its government funding sources, as well as current economic conditions and historical information.
- M. **Rent Expense and Deferred Rent** – Good Shepherd leases real property under operating leases expiring at various future dates. There are escalation clauses that increase rent payments over time. Since the rent payments increase over time, Good Shepherd records an adjustment to rent expense each year to reflect its straight-lining policy. The annual adjustment recorded for the years ended June 30, 2022 and 2021 amounted to an increase of \$17,053 and \$70,402, respectively. Straight-lining of rent gives rise to a timing difference that is reflected within accounts payable and accrued expenses in the accompanying statements of financial position. As of June 30, 2022 and 2021, such deferrals amounted to \$500,432 and \$483,379, respectively.
- N. **Measure of Operations** – Good Shepherd includes in its measure of operations, all support and revenue, that are an integral part of its programs and supporting activities. Endowment contributions and realized and unrealized gains and losses are recognized as non-operating activities.
- O. **Use of Estimates** – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3 – LIQUIDITY AND AVAILABILITY OF RESOURCES

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statements of financial position date, comprise the following as of June 30:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 1,155,922	\$ 4,226,627
Client services receivables	40,520,951	33,454,058
Pledges receivable, net of donor restrictions	6,843,333	5,636,000
Short-term investments	6,651,893	11,784,512
Endowment spending-rate distributions and appropriations	<u>2,409,871</u>	<u>1,901,871</u>
	<u>\$ 57,581,970</u>	<u>\$ 57,003,068</u>

Good Shepherd's endowment funds consist of donor-restricted endowments and a board-designated fund functioning as an endowment. Donor-restricted endowment funds are not available for general expenditure and the income generated is restricted for specific purposes, primarily for the preservation of capital, long-term growth and a relatively high degree of liquidity. This should be reflected in its asset allocation and selection of dividend and interest paying securities that have relatively stable market values. The portfolio should maintain sufficient liquidity to meet Good Shepherd's obligations as they come due.

Good Shepherd's board-designated endowment of \$61,180,274 and \$67,044,702 as of June 30, 2022 and 2021, respectively, is subject to an annual spending rate of up to five percent as described in Note 2F. Although Good Shepherd does not intend to spend from the board-designated endowment (other than amounts appropriated for general expenditure as part of the Board's annual budget approval and appropriation), the funds could be made available, if necessary, by action of the Board.

As part of Good Shepherd's liquidity management plan, Good Shepherd invests cash in excess of daily requirements in short-term investments consisting of mutual funds. Good Shepherd also has a \$8,500,000 revolving line of credit with a financial institution as of both June 30, 2022 and 2021 (Note 10).

GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 4 – CLIENT SERVICE RECEIVABLES

Client service receivables due under governmental contracts, grants and entitlements consisted of the following as of June 30:

	<u>2022</u>	<u>2021</u>
New York State agencies	\$ 1,570,873	\$ 1,105,906
New York City agencies	36,706,413	30,624,157
Federal agencies	184,784	176,259
Medicaid	<u>2,058,881</u>	<u>1,547,736</u>
	<u>\$ 40,520,951</u>	<u>\$ 33,454,058</u>

NOTE 5 – PLEDGES RECEIVABLE

Pledges receivable consisted of the following as of June 30:

	<u>2022</u>	<u>2021</u>
Amounts due in less than one year	\$ 8,241,720	\$ 7,526,000
Amounts due in one to five years	<u>2,600,000</u>	<u>7,730,000</u>
	10,841,720	15,256,000
Less: allowance for uncollectible pledges	(524,089)	(924,350)
Less: unamortized discount to present value	<u>(195,238)</u>	<u>(531,361)</u>
	<u>\$ 10,122,393</u>	<u>\$ 13,800,289</u>

The pledges to be received after one year are discounted to present value at interest rates ranging from 0.14% to 1.75%. The amortization of the discount is reflected as additional contribution revenue in the accompanying financial statements.

Pledges receivable from Board members as of June 30, 2022 and 2021 amounted to \$1,698,387 and \$3,185,000, respectively.

NOTE 6 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy under FASB Accounting Standards Codification (“ASC”) Topic 820 are described as follows:

Level 1: Valuations based on quoted prices (unadjusted) in an active market that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs. Level 1 instrument valuations are obtained from real-time quotes for transactions in active exchange markets involving identical assets.

Level 2: Valuations based on observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Valuations based on unobservable inputs are used when little or no market data is available. The fair value hierarchy gives lowest priority to Level 3 inputs.

In determining fair value, Good Shepherd utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible in its assessment of fair value.

GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 6 – INVESTMENTS AND FAIR VALUE MEASUREMENTS (Continued)

The following methods and assumptions were used in estimating the fair values of significant financial instruments as of June 30, 2022 and 2021:

Mutual Funds – Mutual funds are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by Good Shepherd are deemed to be actively traded.

Financial assets are all classified as Level 1 and carried at fair value June 30, as follows:

	<u>2022</u>	<u>2021</u>
Investments:		
Mutual Funds:		
Domestic Stock	\$ 22,387,724	\$ 29,485,555
Bonds	15,753,018	14,408,675
International Stock	15,430,047	18,748,044
International Bonds	6,819,081	5,938,017
Money Markets	<u>6,651,893</u>	<u>11,784,512</u>
Total Assets Carried at Fair Value	<u>\$ 67,041,763</u>	<u>\$ 80,364,803</u>

Investment return consisted of the following for the years ended June 30:

	<u>2022</u>	<u>2021</u>
Interest and dividends	\$ 1,624,394	\$ 1,332,551
Realized gain on investments	2,063,611	691,731
Unrealized (loss) gain on investments	(13,317,721)	12,392,715
Investment fees	<u>(57,296)</u>	<u>(54,615)</u>
	<u>\$ (9,687,012)</u>	<u>\$ 14,362,382</u>

NOTE 7 – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of June 30:

	<u>2022</u>	<u>2021</u>	<u>Estimated Useful Lives</u>
Land	\$ 565,172	\$ 565,172	
Buildings and improvements	37,973,233	34,497,325	10-30 Years
Furniture and fixtures	2,389,514	2,178,742	5 Years
Computer systems	2,020,606	1,955,800	3 Years
Vehicles	748,906	694,172	3 Years
Construction in progress	<u>-</u>	<u>3,243,045</u>	
Total cost	43,697,431	43,134,256	
Accumulated depreciation and amortization	<u>(24,420,245)</u>	<u>(23,193,184)</u>	
Net book value	<u>\$ 19,277,186</u>	<u>\$ 19,941,072</u>	

Depreciation and amortization expense for property and equipment amounted to \$3,431,957 and \$3,359,895 for the years ended June 30, 2022 and 2021, respectively.

Construction in progress as of June 30, 2021 consisted of various construction projects at Good Shepherd's sites. The construction was completed in August 2021 and no significant additional costs were incurred.

During the years ended June 30, 2022 and 2021, fully depreciated property and equipment with a total cost and accumulated depreciation and amortization of \$2,204,896 and \$3,816,694, respectively were written off.

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 8 – LONG-TERM OBLIGATIONS

Long-term obligations consisted of the following items as of June 30:

	<u>2022</u>	<u>2021</u>
Mortgage payable to a bank, in monthly installments of \$1,515 plus interest at a fixed rate of 3.30%, secured by real property. The mortgage matured on May 29, 2022 and was paid in full.	\$ -	\$ 107,577
Mortgage payable to a bank, in monthly installments of \$17,857 plus interest at a fixed rate of 3.00%, secured by real property. The mortgage matured on October 25, 2019 and was refinanced on December 30, 2019 in the amount of \$2,267,857 payable in monthly installments of \$26,998 plus interest at a fixed rate of 3.22%. The mortgage matures December 30, 2026 and is secured by real property.	1,457,908	1,781,888
Loan payable to a non-profit organization bearing interest at 4.27% per annum, with the principal and accrued interest due in full in September 2028.	250,000	250,000
Mortgage payable to a bank, in monthly installments of \$2,633, plus interest at a fixed rate of 3.50%, secured by real property. The mortgage matures on June 28, 2022. The last payment was processed in July 2022 and therefore there was a \$2,634 balance as of June 30, 2022.	2,634	31,600
Mortgage payable to a bank, in monthly installments of \$14,392, plus interest at a fixed rate of 3.25%, secured by real property. The mortgage matured in May 2022 and was paid in full.	-	1,021,819
	1,710,542	3,192,884
Less: Unamortized debt issuance costs	-	(32,441)
	<u>\$ 1,710,542</u>	<u>\$ 3,160,443</u>

The future annual principal payments for each of the years subsequent to June 30, 2022 are as follows:

	<u>Mortgages and Loan Payments</u>
2023	\$ 326,612
2024	323,980
2025	323,980
2026	323,980
2027	161,990
Thereafter	250,000
	<u>\$ 1,710,542</u>

Good Shepherd is required to comply with certain financial covenants on an annual basis throughout the life of the obligations. As of June 30, 2022, Good Shepherd was not in compliance with the financial covenants, however a waiver was received from the financial institution. Interest expense incurred for these long-term obligations amounted to \$204,737 and \$140,201 for the years ended June 30, 2022 and 2021, respectively.

NOTE 9 – PAYCHECK PROTECTION PROGRAM LOAN PAYABLE

On March 18, 2021, Good Shepherd received loan proceeds in the amount of \$10,000,000 under the Paycheck Protection Program ("PPP"). Established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), the PPP provides loans to qualifying businesses in amounts up to 2.5 times the business's average monthly payroll expenses. PPP loans and accrued interest are forgivable after a "covered period" (8 or 24 weeks) as long as the borrower maintains its payroll levels and uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities.

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 9 – PAYCHECK PROTECTION PROGRAM LOAN PAYABLE (Continued)

The forgiveness amount will be reduced if the borrower terminates employees or reduces salaries during the covered period. Any unforgiven portion of a PPP loan is payable over two or five years at an interest rate of 1%, with a deferral of payments for 10 months after the end of the covered period. Payments are not required to begin for 10 months after the end of the 24 weeks loan forgiveness covered period. Good Shepherd is eligible for loan forgiveness of up to 100% of the loan, upon meeting certain requirements during the covered period. The loan is uncollateralized and is fully guaranteed by the Federal government. Good Shepherd intends to use PPP loan proceeds for purposes consistent with the PPP and will apply for forgiveness within 10 months of the end of the covered period. Good Shepherd applied for forgiveness on August 18, 2022 and is awaiting a decision.

To the extent that Good Shepherd is not granted forgiveness, Good Shepherd will be required to pay interest on the PPP loan at a rate of 1% per annum. If the application for forgiveness is not made within 10 months of the end of the covered period, payments of principal and interest will be required through the maturity date. The terms of the loan provide for customary events of default, including payment defaults, breach of representation of warranties, and insolvency events. The PPP loan may be accelerated upon the occurrence of a default event.

Good Shepherd has recorded a loan payable as of June 30, 2022 and 2021 and will record forgiveness upon being legally released from the loan obligation. See Note 16.

NOTE 10 – BANK LINE OF CREDIT

Good Shepherd has a revolving bank line of credit with a maximum borrowing limit of \$8,500,000 with an interest rate set by the bank on the day of borrowing. The line is secured by Good Shepherd's receivables. On May 16, 2022, the line of credit was renewed and matures on April 30, 2023. Interest expense incurred for the line of credit amounted to \$29,445 and \$36,765 for the years ended June 30, 2022 and 2021, respectively. As of June 30, 2022 and 2021, Good Shepherd had no outstanding borrowings on the bank line of credit. There was no outstanding balance as of March 21, 2023.

NOTE 11 – NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are available for the following purposes as of June 30:

	<u>2022</u>	<u>2021</u>
Purpose restricted:		
Community-based services	\$ 2,899,364	\$ 3,123,749
Foster care	5,099,808	4,183,423
Preventive	-	587,096
Time restrictions	7,647,702	11,246,372
Unappropriated investment earnings	2,983,572	3,428,964
Perpetual in nature	19,402,620	22,216,121
	<u>\$ 38,033,066</u>	<u>\$ 44,785,725</u>

Net assets with donor restrictions were released from donor restrictions by incurring expenses satisfying the restricted purposes, by the occurrence of other events specified by the donors or the passage of time as follows for the years ended June 30:

	<u>2022</u>	<u>2021</u>
Purpose restrictions accomplished:		
Preventive services	\$ 3,222,507	\$ 1,051,884
Residential services	1,218,054	903,193
Expiration of time	<u>12,770,179</u>	<u>7,264,769</u>
	17,210,740	9,219,846
Appropriation of endowment earnings	<u>666,755</u>	<u>1,901,184</u>
	<u>\$ 17,877,495</u>	<u>\$ 11,121,030</u>

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 12 – ENDOWMENT NET ASSETS

The Board recognizes that New York State adopted the New York Prudent Management of Institutional Funds Act ("NYPMIFA") on September 17, 2010. NYPMIFA created a rebuttable presumption of imprudence if an organization appropriates more than 7% of a donor-restricted perpetual endowment fund's fair value (averaged over a period of not less than the preceding five years) in any year. Any unappropriated earnings that would otherwise be considered without donor restriction by the donor will be reflected as purpose restricted until appropriated.

The Board explicitly appropriated all earnings as of and prior to September 17, 2010, whether deemed spent or not, as net assets without donor restrictions. All unappropriated earnings on endowment funds with donor restrictions after September 17, 2010, that would otherwise be considered without donor restrictions, will be reflected as net assets with donor restrictions until appropriated.

The Board has interpreted NYPMIFA as allowing Good Shepherd to appropriate for expenditure or accumulate so much of an endowment fund as Good Shepherd determines is prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument. Unless stated otherwise in the gift instrument, the assets in an endowment fund shall be donor-restricted assets until appropriated for expenditure by the Board.

Good Shepherd's endowment investment policy is to invest primarily in a mix of investments in mutual funds based on an asset allocation to satisfy its overall endowment financial and investment objectives, such as to preserve the principal, protect against inflation, receive stable returns and achieve long-term growth. Good Shepherd relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

Changes in endowment net assets for the year ended June 30, 2022, are as follows:

	Without Donor Restrictions Board Designated Reserves For Endowment	With Donor Restrictions Unappropriated Investment Earnings	Perpetual in Nature	Total
Endowment net assets, beginning of year	\$ 67,044,702	\$ 3,428,964	\$ 22,216,121	\$ 92,689,787
Investment activity:				
Interest and dividends	1,174,962	60,093	389,339	1,624,394
Realized/Unrealized loss	(8,140,363)	(416,334)	(2,697,413)	(11,254,110)
Contributions	-	-	72,177	72,177
Investment fees	(57,296)	-	-	(57,296)
Amount appropriated for expenditure	(1,743,116)	(89,151)	(577,604)	(2,409,871)
Transfers from operating activity	2,901,385	-	-	2,901,385
	(5,864,428)	(445,392)	(2,813,501)	(9,123,321)
Endowment of net assets, end of year	\$ 61,180,274	\$ 2,983,572	\$ 19,402,620	\$ 83,566,466

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 12 – ENDOWMENT NET ASSETS (Continued)

Changes in endowment net assets for the year ended June 30, 2021, are as follows:

	Without Donor Restrictions Board Designated Reserves For Endowment	With Donor Restrictions Unappropriated Investment Earnings	Perpetual in Nature	Total
Endowment net assets, beginning of year	\$ 64,002,587	\$ -	\$22,079,546	\$ 86,082,133
Investment activity:				
Interest and dividends	839,890	492,661	-	1,332,551
Realized/Unrealized gain	8,246,959	4,837,487	-	13,084,446
Contributions	-	-	136,575	136,575
Investment fees	(54,615)	-	-	(54,615)
Amount appropriated for expenditure	-	(1,901,184)	-	(1,901,184)
Transfers to operating activity	(5,990,119)	-	-	(5,990,119)
	<u>3,042,115</u>	<u>3,428,964</u>	<u>136,575</u>	<u>6,607,654</u>
Endowment of net assets, end of year	\$ 67,044,702	\$ 3,428,964	\$22,216,121	\$ 92,689,787

Endowment net assets of \$83,566,466 and \$92,689,787 as of June 30, 2022 and 2021, respectively, are included in pledges receivable, client service receivables, cash and investments in the accompanying statements of financial position.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires Good Shepherd to retain as a fund of perpetual duration. In accordance with Good Shepherd's policy (Note 2B), deficiencies of this nature are reported in either with or without donor restricted net assets. The deficiencies resulted from unfavorable market fluctuations that occurred in the economy as a whole, whereby the fair market value of the donor-restricted endowment fund was below the amount that is required to be retained in perpetuity by \$2,813,501 as of June 30, 2022. There was no deficiency in the donor-restricted endowment fund as of June 30, 2021.

NOTE 13 – RETIREMENT PLAN AND DEFERRED COMPENSATION

Good Shepherd sponsors a non-contributory defined contribution plan under section 403(b) of the IRC through two insurance companies for eligible salaried employees based on annual compensation. Good Shepherd's Board determines the amount of contribution to be made into the plan on an annual basis. Retirement plan contributions for each of the years ended June 30, 2022 and 2021 amounted to approximately \$1,000,000.

Good Shepherd provides regular employees a deferred compensation benefit for longevity. Each regular employee is entitled to one-week base salary after ten years of service and will add additional weeks for each year thereafter based on a schedule up to a maximum of 12 weeks. As of June 30, 2022 and 2021, Good Shepherd has accrued approximately \$1,431,000 and \$1,369,000, respectively, for such benefit, and the accrual is included in accounts payable and accrued expenses in the accompanying statements of financial position.

NOTE 14 – COMMITMENTS AND CONTINGENCIES

A. Pursuant to Good Shepherd's contractual relationships with certain governmental funding sources, governmental agencies have the right to examine the books and records of Good Shepherd involving transactions relating to these contracts. Good Shepherd has made provisions for possible disallowances which have been included in deferred revenue and due to funder in the accompanying financial statements.

**GOOD SHEPHERD SERVICES
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 14 – COMMITMENTS AND CONTINGENCIES (Continued)

- B. Good Shepherd is obligated under operating leases for the rental of premises for various program locations through 2028. The leases have escalation clauses related to increases in rent and taxes. Future minimum lease payments in each of the five years subsequent to June 30, 2022 and thereafter are approximately as follows:

2023	\$ 3,201,000
2024	2,878,000
2025	2,812,000
2026	2,949,000
2027	2,656,000
Thereafter	387,000
	<u>\$ 14,883,000</u>

The rental commitment presented above does not include certain operating leases, which are currently on a month-to-month basis. Rent expense under all operating leases amounted to approximately \$3,162,000 and \$2,714,000 for the years ended June 30, 2022 and 2021, respectively. In addition, Good Shepherd has entered into non-cancellable operating leases for several company motor vehicles. The minimum annual rent related to the leases was due in 2022 and amounted to \$50,341. There was no similar activity as of June 30, 2022.

- C. In the fiscal year 2001, Good Shepherd entered into a license agreement for the use of space by the New York City Department of Education. During the fiscal year 2016, the agreement was extended to continue until 2026. Under the license agreement, Good Shepherd will receive annual license payments commencing from the date of occupancy by the Board of Education to the end of the term of the agreement. License fee income amounted to approximately \$926,400 and \$838,900 for the years ended June 30, 2022 and 2021 and is included as part of miscellaneous revenue and other fees in the accompanying statements of activities.
- D. Good Shepherd is a defendant in various legal actions arising out of the normal course of its operations. The final outcome of such actions cannot be determined at this time. Eventual liability, if any, is likely to be covered by insurance except where the applicable insurance policies expressly exclude certain coverage which arguably relates to the claims.
- E. Good Shepherd believes it has no uncertain income tax positions as of June 30, 2022 and 2021 in accordance with FASB ASC Topic 740 "Income Taxes," which provides standards for establishing and classifying any tax provisions for uncertain tax positions.

NOTE 15 – CONCENTRATIONS

Cash and cash equivalents that potentially subject Good Shepherd to a concentration of credit risk include cash accounts with banks that exceed the Federal Deposit Insurance Corporation ("FDIC") insurance limits. Bank accounts are insured up to \$250,000 per depositor. As of June 30, 2022 and 2021, there was approximately \$3 million and \$5 million, respectively, of cash held by a bank that exceeded FDIC limits. Such excess includes outstanding checks.

NOTE 16 – SUBSEQUENT EVENTS

Good Shepherd has evaluated for potential recognition and disclosure events subsequent to the date of the statement of financial position through March 21, 2023, the date the financial statements were available to be issued.

In December 2022, Good Shepherd received formal notice of forgiveness on their Paycheck Protection Program loan for the full amount including accrued interest.